

Foster Family Home - Corrective Action Report

Provider ID: 1-525420

Home Name: Marilou Mendoza, CNA

Review ID: 1-525420-14

94-470 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/20/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/20/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- HHM#2's APS/CAN/Fingerprinting lapsed on 3/19/2021 and no current renewal present in the CCFFH binder. HHM#3 & HHM#4 were without APS/CAN/Fingerprinting results present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- HHM#3 and HHM#4 were without a confidentiality policies and procedures and client privacy rights training present in the CCFFH binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 3/9/2021; CG#2's lapsed on 9/11/18. Both had no renewals present in the CCFFH binder. HHM#3 and HHM#4 were without TB clearances present in the CCFFH binder.

41.(c)- CG#2 with 4.5 hours of annual in service, short of 7.5 hours and CG#3 with 2.5 hours of annual in service, short of 9.5 hours. All substitute caregivers were required to have 12 hours of annual in services for a 3 client CCFFH.

41.(f)(1)-HHM#2's TB clearance results expired on 3/9/2021 and no current renewal present in the CCFFH binder. HHM#3 and HHM#4 were without TB clearances results present in the CCFFH binder.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#3 on [REDACTED] for Client #1.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed for the months of January 2020, February 2020, March 2020, April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, and October 2020.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- Client #2 had not received [REDACTED]. There was no Adverse Event Report completed.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 and Client #3's bedroom sliding door with a cable wire situated on the top ledge which prevents the door from closing/locking for clients' privacy.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's Service Plan dated 10/19/2020 without the POA/Client's signature. Client #3's Service Plan dated 9/17/2020 without the Client/POA's signature.

54.(c)(5)- Medication discrepancy noted on Client #2. There were two lifesaving medications listed in the Medication Administration Record (MAR) that were not available. One medication in the MAR contained no signature of CG#1/SCGs since 4/1/2021-4/19-2021. One medication that was discontinued on 4/16/2021 was listed in the MAR and was being administered to client since 4/17/2021-4/20/2021.

Maribel Nakamine, RN 4/20/21
Compliance Manager
M. Montoya
Primary Care Giver
Date 4/20/21